

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/30/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE LEAWOOD STATE LINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12724 STATELINE RD LEAWOOD, KS 66209		
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S 000	INITIAL COMMENTS The following citations are the result of a Licensure Resurvey at the above named Residential Health Care Facility in Leawood, Kansas on 11/09/15, 11/10/15, 11/12/15, 11/16/15, 11/17/15, 11/18/15, 11/19/15, 11/23/15, 11/24/15, 11/25/15, and 11/30/15. Complaints #87515, #89824, #92491, #97202, #92851 also investigated. Revised 2567 mailed to facility on 12/17/15	S 000		
S 135 SS=D	26-39-103 (h) Resident Right Notification of Changes (h) Notification of changes. (1) The administrator or operator shall ensure that designated facility staff inform the resident, consult with the resident's physician, and notify the resident's legal representative or designated family member, if known, upon occurrence of any of the following: (A) An accident involving the resident that results in injury and has the potential for requiring a physician's intervention; (B) a significant change in the resident's physical, mental, or psychosocial status; (C) a need to alter treatment significantly; or (D) a decision to transfer or discharge the resident from the adult care home. (2) The administrator or operator shall ensure that a designated staff member informs the resident, the resident's legal representative, or authorized family members whenever the designated staff member learns that the resident will have a change in room or roommate assignment.	S 135		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 135	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: KAR 26-39-103(h)</p> <p>The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. For one of ten focused reviews completed (#179), the Operator failed to ensure designated facility staff informed the Resident's legal representative at the time of an accident with skin tear, the development of gluteal fold open area, and at the time of significantly altered treatment related to medication additions.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #179 admitted to facility 12/08/14 with diagnoses of Congestive heart failure, Dementia, Chronic renal failure, Hypertension, Coronary artery disease, Depression, Edema, and Gastroesophageal reflux disease. <p>The most recent functional capacity screen (FCS) of 01/07/15 assessed #179 in need of physical assistance with dressing, bathing, toileting; in need of supervision with transfers and mobility; independent with eating; unable to perform medication and treatment management; impaired short and long term memory, impaired memory recall and impaired decision making; with impaired hearing and with wandering.</p> <p>The most recent negotiated service agreement (NSA) of 01/07/15 lacked a signature of a licensed nurse or a facility representative. This NSA documented facility staff to provide services to meet the identified needs of Resident. NSA documented staff to manage all medications and treatments, and to supervise all transfers and</p>	S 135		

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S 135	<p>Continued From page 2</p> <p>mobility.</p> <p>Resident Log Notes 9/11/15 - 2200 - ...out of wheelchair onto floor... once in bed Resident slid self to floor... assisted back to bed...skin tear on right wrist area... first aid to skin tear and Hospice staff notified... The medical record lacked documentation of family or Resident representative notification.</p> <p>9/11/15 - Fax Physician phone order - "Cleanse open area to right gluteal fold with wound cleanser, pat dry, apply skin prep and cover with duoderm; change every 3 days and as needed." The medical record lacked documentation of family or Resident representative notification.</p> <p>Resident Log Notes 9/13/15 - 1105 - Resident visiting with family member and screaming about feet burning... pain medication administered, foot massage and lotion, no change in discomfort. The next entry of Resident Log Notes on 9/17/15: 9/17/15 - 3:14 - New order via Hospice Ativan TID (three times daily) The medical record lacked documentation of signs and symptoms leading to the new medication order. The medical record lacked documentation of family or Resident representative notification.</p> <p>By interview on 11/09/15 at 12:00pm, Health and Wellness Director #G stated I have been on duty here since 11/02/15... #G not at facility when these events occurred.</p> <p>The Operator failed to ensure designated facility staff informed #179's family member or legal representative at the time of an accident with skin tear, the development of gluteal fold open area,</p>	S 135		

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S 135	Continued From page 3 and at the time of significantly altered treatment related to medication additions.	S 135		
S3028 SS=J	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3)(B)(C)	S3028		

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S3028	<p>Continued From page 4</p> <p>The census equaled 33 residents and the sample included 3 residents. Based on observation, interview and record review for 1 of 3 sampled resident (#187) and 1 of 1 focused review residents (#172) with a history of wandering, the operator failed to take immediate measures to prevent further potential neglect after resident #187 exited the facility without staff knowledge at approximately 1:55 p.m. through a secure door. Resident #172 left the facility without staff knowledge through the same door at approximately 3:20 p.m. and was seen in the front circle drive by a visitor. This failure placed #172 in immediate jeopardy for harm, injury or death.</p> <p>Findings included:</p> <p>The facility self-identified as a memory care provider. The Resident roster documented all Residents with cognitive impairment.</p> <p>- Review of record revealed #187 admitted to facility 7/28/15 with diagnoses that included anxiety disorder, insomnia, Alzheimer's, unsteady gait, vascular depression.</p> <p>History and Physical Report of 7/14/15 from geropsychiatric hospital admission documented: resident #187 had been admitted to hospital from a nursing home " on account of being exit seeking, having aggressive outbursts, trying to get others to leave with him/her... pacing, biting, kicking staff, and not eating."</p> <p>The admission Functional capacity screen (FCS) dated 7/28/15 recorded #187: required physical assistance with bathing, dressing, toileting, medication and treatment management; supervision with eating;</p>	S3028		

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S3028	<p>Continued From page 5</p> <p>independent with transfer and mobility; with impaired short term memory, memory recall, and decision making . Current or recent problems identified as impaired decision making and impaired hearing.</p> <p>The 9/02/15 FCS identified #187 now independent eating.</p> <p>The admission negotiated service agreement (NSA)/health care service plan (HSC) dated 7/28/14 (correct year 2015) documented: Facility staff to manage and administer medications; staff attention to provide verbal prompts, cues and reminders to continue to eat, verbal prompts and physical assistance by staff with dressing and grooming, showering... has indwelling Foley catheter that staff will assist with cleaning and emptying... usually continent of bowel... requires staff assistance with peri care afterwards... independent going to and from dining room and activities... independent with transfers and ambulation, "Resident wanders and requires redirection... direct to appropriate wandering space... consider if resident may be hungry, thirsty, in need of bathroom... experiences sleep/wake disturbances and requires frequent redirection through the night... encourage repetitive manual activities (tearing coupons from newspaper), use validation... redirect away from exits... be alert to pattern and reason for exit attempts... be alert to and reduce stress triggers as much as possible... exhaust all non-pharmacological interventions before administering PRN (as needed) medications...</p> <p>The NSA/HCS dated 9/02/15 documented no changes in services.</p> <p>Resident Log Notes documented two previous</p>	S3028		

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S3028	<p>Continued From page 6</p> <p>attempts to leave the facility without staff knowledge on 8/6/15 when resident #187 exited through a gate of an enclosed outdoor area and 9/12/15 when resident noted trying to climb over fence in enclosed outdoor area.</p> <p>11/04/15 at 2:17 p.m. regarding elopement at 1:55 p.m. " this nurse alerted [by ED #I] that resident walked through the front door and onto the circle drive sidewalk. Associate was able to redirect back into community. . assigned associate recalls seeing resident in front lobby just prior, will continue to monitor this shift. " By licensed nurse #G.</p> <p>Statement by CNA #S provided with facility investigation documented : "... last time assisted #187 before lunch... to bathroom at 11:30"pm" (although this occurred before lunch)... last time I seen... sitting in the front room in the chair at 1:45pm..."</p> <p>Observation of #187 on 11/09/15 at 4:05pm in the front main sitting area of facility near front door, revealed independently ambulatory Resident... asking "how to get upstairs... looking for something to eat... after being pointed to dining room area, he/she went to front door and checked door... then to D hall, then back to ask how to get upstairs again... when asked, "How long have you lived here?"... #187 stated "I built this place about two years ago... I'm getting along alright... just hungry... thought spouse would bring me something to eat..." #187 not oriented to time or place, but very alert and mobile.</p> <p>Observation of #187 on 11/10/15 at 9:30am, in the front main sitting area of facility near front door, #187 up and about... to front door, tries door, then walks off again...</p>	S3028		

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S3028	<p>Continued From page 7</p> <p>Wunderground.com recorded the outside temperature at the time resident #187 found as 63 degrees Fahrenheit.</p> <p>Written statement provided by licensed nurse #G stated resident #187 was observed on front patio by ED #I at approximately 1:55 p.m. and was immediately redirected back to the building. License nurse #G and ED #I went to the front door and began to push and pull to check the mag lock, went in and out in several different fashions to check for closure, and held the main outside door open to check if pressure would affect the inside door from closing properly. No indicative conclusion was able to be made.</p> <p>No additional corrective actions were implemented.</p> <p>For resident #187, the operator failed to take immediate measures to prevent further potential neglect after resident #187 exited the facility without staff knowledge at approximately 1:55 p.m. through a secure door.</p> <p>- Review of record revealed #172 admitted to facility 4/24/15 with diagnoses that included dementia, impaired cognition, and Gait impairment with falls.</p> <p>The current FCS dated 6/10/15 assessed #172 in need of physical assistance with bathing, medication and treatment management; supervision with dressing and toileting; independent with eating, transfers, and mobility and with impaired short term memory, memory recall, and decision making. Current or recent problems identified as impaired decision making</p>	S3028		

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S3028	<p>Continued From page 8</p> <p>and wandering.</p> <p>The current NSA/HCS dated 6/10/15 documented facility staff to manage and administer medications, provide verbal prompts for dressing and grooming; provide set up and verbal prompts for bathing; and resident is not always oriented to place and time... staff will anticipate needs and provide prompting, cuing, redirection throughout the day. The NSA/HCS lacked interventions to address wandering.</p> <p>Resident Progress Notes: 11/04/15 at 3:40 p.m. (regarding elopement at 3:20 p.m.) by licensed nurse #G "this nurse alerted [by family member of another resident] that resident was in front of community in circle drive unaccompanied. This writer and associate able to redirect back in community after five minutes. Resident very upset and looking for her dog and the bus. Resident displays increased agitation and anxiety at this time and will continue to monitor this shift.</p> <p>11/4/15 at 2200 by licensed nurse #A " Resident continues to sit by front door all shift. Refused to go to room or anywhere else in community. Any time a visitor came resident was at door trying to open. Resident tries to move staff or visitors out of the way to exit and at times resident began to yell at staff stating we are holding him/her captive. . . will continue to monitor.</p> <p>Facility investigation report provided by ED #I of the investigation completed by licensed nurse #G documents: On Wednesday November 4, 2015 at approximately 3:20 p.m. #172 was noted to be outside the community in the front circle drive by a family member who had just come into</p>	S3028		

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S3028	<p>Continued From page 9</p> <p>community. An aide was first to respond and alerted the nurse on duty. #172 was redirected into community...</p> <p>Wunderground.com recorded the outside temperature at the time the resident was found outside as 63 degrees Fahrenheit.</p> <p>By confidential interview on 11/17/15 at 4:08pm, a staff member #U stated #172 is independent with ADL's (activities of daily living)... we remind him/her to do ADL's. When asked about plan changes since elopement on 11/04/15, #U stated "I was not even aware of him/her leaving... we are doing nothing different that I am aware of."</p> <p>By observation, the front door of facility opened onto a porch area, approximately 16 feet in width. The circle driveway edging the porch led to parking areas and to the highly traveled street in front (East) of facility. This street, approximately 150 feet from the porch, composed of four traffic lanes and a center turn lane, posted a speed limit of 40 miles per hour.</p> <p>By observation on 11/17/15 at 4:09pm, #172 in room with door locked ... spoke to Surveyor briefly ... not oriented to time or place but oriented to self ... cooperative, pleasant, voiced no complaints and stated would be eating dinner soon ... cold in facility halls but warm in his/her room.</p> <p>Written statement provided by licensed nurse #G recorded: Resident #172 was observed in the dining room at 3 p.m. and found outside at 3:20 p.m.. ED #I notified maintenance technician #H at 3:30 p.m. to come to the community to assess the door. Further stated that both licensed nurse #G and ED #I again tested the door with no</p>	S3028		

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S3028	<p>Continued From page 10</p> <p>indicative conclusion. Maintenance technician #H arrived at 4:30 and tightened the arm above the door and tested the locking mechanism. Since the events, the door stop at the bottom of the door has been removed to prevent the door from accidentally being held open and different options for the door alarms are being explored.</p> <p>On 11/10/15 at 10:43am, Maintenance Technician #H provided "Logbook Report" of "Doors, Locks & Alarms: Exit Door/Emergency Egress and Exit Security System Inspections" for the last 12 months. Report contained three columns: Due Date, Completed By, and Building/Location. Due dates were listed chronologically, every Saturday for the previous 12 months (11/07/15, 10/31/15, 10/24/15, and so on). The middle column contained #H's name for each week. The third column contained "Main Building" for each week. #H stated "my process is to go to the door... make sure the alarm sounds, and then reset it with keys... I check all doors each time... check alarms 52 times a year..."</p> <p>By interview 11/16/15 at 12:50pm ED #I stated "all our Residents are considered potential elopements..."</p> <p>By interview on 11/17/15 at 9:00am, Maintenance Technician #H stated on 11/04/15 somebody had went out front door. " If you go out and don ' t shut completely the magnet doesn ' t ' t touch so doesn ' t lock it ... If the door is let go (and slams) it totally closes and touches ...but if held onto (and shut real carefully) won ' t completely make contact. The door has a sensor on top ... but if the magnet doesn ' t touch then it can't send the signal to lock. I came back in as soon as they called me and tightened everything. It was probably about 5pm. Time record confirmed</p>	S3028		

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S3028	Continued From page 11 Maintenance Technician #H clocked back in at 6pm. For residents #187 and #172, with the potential to affect all residents with wandering and/or exit seeking behaviors, the operator failed to take immediate measures to prevent further potential neglect after resident #187 exited the facility without staff knowledge through a secured door at approximately 1:55 p.m.. Approximately an hour and twenty minutes later, resident #172 left the facility without staff knowledge through the same door and was seen in the front circle drive by a visitor. This failure placed #172 immediate jeopardy for harm, injury or death. The jeopardy was removed 11/4/15 at approximately 6 p.m. when the arm above the door was tightened and locking mechanism was tested.	S3028		
S3080 SS=D	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual 's admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual 's functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department 's screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services.	S3080		

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S3080	Continued From page 12 This REQUIREMENT is not met as evidenced by: KAR 26-41-201(b) The census equaled 33 the sample included 3 residents. Based on reviews of facility records for 1 of 3 residents (#185), the Operator failed to ensure the Functional Capacity Screen (FCS) completed for a Resident who required health care services was conducted/signed by a licensed nurse. Findings included: - Review of resident records for resident #185 included a functional capacity screen (FCS), dated 7/17/2015 recorded resident required staff assistance for management of medications and treatments. The FCS lacked the signature/date of licensed nurse completing screen. For Resident #185, the Operator failed to ensure the FCS completed for a Resident who required health care services was conducted/signed by a licensed nurse.	S3080		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will	S3085		

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NAME OF PROVIDER OR SUPPLIER BROOKDALE LEAWOOD STATE LINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12724 STATELINE RD LEAWOOD, KS 66209		
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S3085	<p>Continued From page 13</p> <p>receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)</p> <p>The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. For one of three sampled (#187), the Operator failed to ensure the development of a written negotiated service agreement (NSA) for each Resident which included: A description of the the services the Resident to receive, Identification of the provider of each service; and Identification of each party responsible for payment if outside resources provide a service.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #187 admitted to facility 7/28/15 with diagnoses of Anxiety disorder, Insomnia, Alzheimer's, Unsteady gait, and Vascular depression. <p>The admission Functional capacity screen (FCS) dated 7/28/15 recorded #187: required physical assistance with bathing, dressing, toileting, medication and treatment management; supervision with eating; independent with transfer and mobility; with impaired short term memory, memory recall, and decision making . Current or recent problems</p>	S3085		

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S3085	<p>Continued From page 14</p> <p>identified as impaired decision making and impaired hearing.</p> <p>The 9/02/15 FCS identified #187 now independent eating.</p> <p>The admission negotiated service agreement (NSA)/health care service plan (HSC) dated 7/28/14 (correct year 2015) documented: Facility staff to manage and administer medications; has indwelling Foley catheter that staff will assist with cleaning and emptying... usually continent of bowel... requires staff assistance with peri care afterwards...</p> <p>The NSA/HCS dated 9/02/15 documented no changes in services.</p> <p>Resident Log notes of 7/31/15, 9/26/15, and 10/18/15, documented instances of catheter intervention by hospital and home health agency.</p> <p>The NSA/HCS failed to describe Foley catheter services provided by the Home Health agency, failed to include the name of the Home Health agency enlisted to take care of #187's Foley catheter, and failed to include the payment source for the Home Health agency.</p> <p>On 11/09/15 at 6:35pm Health and Wellness Director #G stated these are the NSA's available... they were completed before #G employed at facility.</p> <p>The Operator failed to ensure the development of a written NSA for #187, which included a description of the services the Resident to receive, and the name and specific payment source of these outside providers.</p>	S3085		

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S3101	Continued From page 15	S3101		
S3101 SS=E	<p>26-41-202 (h) NSA Signatures</p> <p>(h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h)</p> <p>The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. For one of three sampled (#187) and for two of ten focused reviews (#160, #179, and #172), the Operator failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #187 admitted to facility 7/28/15 with diagnoses of Anxiety disorder, Insomnia, Alzheimer's, Hyperlipidemia, Benign prostatic hypertrophy, Urine retention chronic - Foley, Unsteady gait, Vascular depression. <p>The medical record lacked a functional capacity screen (FCS) and lacked an NSA. On 11/09/15 at 6:25pm Health and Wellness Director (HWD) #G stated I am new to this position, but will try to find these. #G returned with copies printed from computer.</p>	S3101		

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S3101	<p>Continued From page 16</p> <p>The admission Functional capacity screen (FCS) dated 7/28/15 recorded #187: required physical assistance with bathing, dressing, toileting, medication and treatment management; supervision with eating; independent with transfer and mobility; with impaired short term memory, memory recall, and decision making. Current or recent problems identified as impaired decision making and impaired Hearing.</p> <p>The 9/02/15 FCS identified #187 now independent eating.</p> <p>The admission negotiated service agreement (NSA) /health care service plan (HCS) dated 7/28/14 (correct year 2015) documented facility staff to provide or coordinate services to meet these identified needs.</p> <p>The NSA/HCS dated 9/02/15 documented no changes in services.</p> <p>The NSA/HCS's of 7/14/15 and 9/02/15 each lacked signatures.</p> <p>HWD #G stated I am new to this position... I do not know why signed NSA is not available.</p> <p>The Operator failed to ensure each individual involved in the development of #185's NSA signed the agreement.</p> <p>- Review of record revealed #160 admitted to facility 5/26/15 with diagnoses of Major neuro cognitive disorder, Dementia, Right hip dislocation, Hypokalemia, Cataract, Macular degeneration, Neck injury after MVC.</p>	S3101		

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S3101	<p>Continued From page 17</p> <p>The most recent 7/08/15 functional capacity screen (FCS) assessed #160 in need of physical assistance with bathing, dressing, toileting, mobility; in need of supervision with transfers; unable to perform medication and treatment management; with short term memory and long term memory impairment, memory recall and decision making impairment; bladder incontinence; with impaired communication, impaired vision, and with falls/unsteadiness.</p> <p>The most recent 07/08/14 NSA documented staff to provide or coordinate services to meet these identified needs.</p> <p>The NSA lacked a signature of the Resident or their Representative.</p> <p>On 11/17/15 at 3:15pm HWD #G provided copies of available FCS, NSA, Resident Log notes... stated nothing else available.</p> <p>The Operator failed to ensure each individual involved in the development of #160's NSA signed the agreement.</p> <p>- Review of record revealed #172 admitted to facility 4/24/15 with diagnoses of Dementia, Impaired cognition, Hypertension, Gallstones, Gait impairment with falls, and History of urinary tract infection.</p> <p>Most recent functional capacity screen (FCS) of 6/10/15 assessed #172 in need of physical assistance with Bathing, Medication and treatment management; in need of supervision with Dressing and toileting; independent with Eating, Transfers, and Mobility; with Bladder</p>	S3101		

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S3101	<p>Continued From page 18</p> <p>incontinence; and with Short term memory, memory recall, and decision making impairments; understandable and understands Communication; with Impaired decision making; and with wandering.</p> <p>The NSA of 6/10/15 documented facility staff to provide or coordinate services to meet these identified needs.</p> <p>The NSA of 6/10/15 lacked signatures. The NSA of 5/06/16 lacked the signature of a licensed nurse.</p> <p>On 11/17/15 at 11:40am Health and Wellness Director #G provided FCS and NSA of 6/10/15 and NSA of 4/28/15...not able to find any other completed at time of admission... before HWD employed at facility... HWD not aware why NSA's not signed by all involved.</p> <p>The Operator failed to ensure each individual involved in the development of #172's NSA signed the agreement.</p> <p>- Review of record revealed #179 admitted to facility 12/08/14 with diagnoses of Congestive heart failure, Dementia, Chronic renal failure, Hypertension, Coronary artery disease, Depression, Edema, and Gastroesophageal reflux disease.</p> <p>The most recent functional capacity screen (FCS) of 01/07/15 assessed #179 in need of physical assistance with dressing, bathing, toileting; in need of supervision with transfers and mobility; independent with eating; unable to perform medication and treatment management; impaired</p>	S3101		

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S3101	Continued From page 19 short and long term memory, impaired memory recall and impaired decision making; with impaired hearing and with wandering. The most recent negotiated service agreement (NSA) of 01/07/15 lacked a signature of a licensed nurse or a facility representative. The Operator failed to ensure each individual involved in the development of #179's NSA signed the agreement.	S3101		
S3102 SS=D	26-41-202 (i) Negotiated Service Agreement Service Received (i) Each administrator or operator shall ensure that each resident receives services according to the provisions of that resident 's negotiated service agreement This REQUIREMENT is not met as evidenced by: KAR 26-41-202(i) The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. For one of ten focused reviews completed (#178), the Operator failed to ensure each Resident received services according to the provisions of the negotiated service agreement (NSA). Findings included: - Review of record revealed #178 admitted to facility 8/24/11 with diagnoses of Dementia, Altered mental status, Lack of coordination, and Muscle weakness.	S3102		

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S3102	<p>Continued From page 20</p> <p>The most recent functional capacity screen of 3/30/15 assessed #178 independent with bathing, mobility, and transfers; in need of supervision with dressing.</p> <p>The NSA of 3/30/15 documented #178 "needs assistance with showers as well as a lot of encouragement to get started." The NSA documented staff to set up toothbrush/paste, deodorant, lotion, clothes and undergarment to change into daily... check closet occasionally for dirty clothes Resident has hung up and wash."</p> <p>On 11/16/15 at 4:08pm Resident #178 entered office to ask Surveyor to unlock his/her door. Surveyor detected a faint, stale, odor of unknown source while accompanying #178 to room door. Certified staff #R in hall and unlocked door for #178.</p> <p>By interview regarding bathing, on 11/16/15 at 4:10pm, Certified staff #R stated I don't give #178 a bath or shower... family takes him/her out to do that... I ask him/her to go take bath and he/she say "No! I already had it and I ain't going to"... and I like tell the nurse #178 don't take it... and #177 the same way...</p> <p>On 11/16/15 at 4:20pm, Health and Wellness Director #G stated #178 is good about bath... beautician does hair... not aware of any bath refusals... has been treated by dentist for halitosis...</p> <p>Resident Log Notes lacked documentation of bath/shower refusals, and lacked documentation of family performing bathing. NSA indicated facility staff to assist #178 with bathing.</p>	S3102		

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S3102	Continued From page 21 The Operator failed to ensure #178 received bathing services according to the provisions of the NSA.	S3102		
S3125 SS=D	26-41-203 (c) Respite Care Services c) Respite care services. Any administrator or operator of an assisted living facility or residential health care facility may provide respite care services to individuals who meet the facility's admission and retention criteria on a short-term basis if the administrator or operator ensures that the following conditions are met: (1) Written policies are developed and procedures are implemented for the provision of respite care services. (2) All the requirements for admission of a resident to an assisted living facility or residential health care facility are met for an individual admitted for respite care services. This REQUIREMENT is not met as evidenced by: KAR 26-41-203(c) The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. Based on interview and review of record, for one of one sampled admitted to facility as a Respite, the Operator failed to ensure written policies developed and implemented for the provision of Respite care services. Findings included: - Review of record revealed #187 admitted to facility 7/28/15 with diagnoses of Anxiety disorder,	S3125		

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S3125	<p>Continued From page 22</p> <p>Insomnia, Alzheimer's, Hyperlipidemia, Benign prostatic hypertrophy, Urine retention chronic - Foley Unsteady gait, and Vascular depression.</p> <p>The admission Functional capacity screen (FCS) dated 7/28/15 recorded #187: required physical assistance with bathing, dressing, toileting, medication and treatment management; supervision with eating; independent with transfer and mobility; with impaired short term memory, memory recall, and decision making . Current or recent problems identified as impaired decision making and impaired hearing.</p> <p>The 9/02/15 FCS identified #187 now independent eating.</p> <p>The admission negotiated service agreement (NSA)/health care service plan (HSC) dated 7/28/14 (correct year 2015) documented facility staff to provide all identified needed services . The NSA/HCS dated 9/02/15 documented no changes in services.</p> <p>The admission agreement of 7/28/15 included a Respite Care Addendum. Agreement documented occupancy from 7/28/15 to 8/28/15. According to the agreement, on 8/28/15: 1) execute a new Respite Care Addendum extending the Respite stay; 2) execute a new Residency Agreement to become a permanent Resident; or 3) vacate the Suite and remove all of your belongings.</p> <p>The record lacked a new or revised Respite agreement; the record lacked a permanent Residency Agreement.</p> <p>#187 remained in the facility. Observed on 11/09/15 at 4:05pm... ambulated independently</p>	S3125		

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S3125	Continued From page 23 around general living areas of facility. Observed on 11/10/15 at 9:15am... again up and about general living areas. On 11/09/15 at 6:42pm, Health and Wellness Director #G stated I checked with Executive Director #I... there is no other agreement, nothing completed to take the place of the 30 day Respite agreement. By review, facility "Respite Policy" documented Respite to be provided by community... "for a limited period of time"... in accordance with facility's Residency agreement and Respite Care Addendum... provided prior to admission." The Operator failed to ensure written facility Respite policies implemented for #187.	S3125		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten	S3155		

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S3155	<p>Continued From page 24</p> <p>Residents. For one of three sampled (#187) and for one of ten focused reviews (#172) the Operator failed to ensure a licensed nurse provided or coordinated the provision of health care services to address wandering and risk for elopement of cognitively impaired Residents from the facility.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #187 admitted to facility 7/28/15 with diagnoses of Anxiety disorder, Insomnia, Alzheimer's, Hyperlipidemia, Benign prostatic hypertrophy, Urine retention chronic - Foley, Unsteady gait, Vascular depression. <p>History and Physical Report of 7/14/15 from geropsychiatric hospital admission documented: resident #187 had been admitted to hospital from a nursing " on account of being exit seeking, having aggressive outbursts, trying to get others to leave with him/her... pacing, biting, kicking staff, and not eating."</p> <p>The admission Functional capacity screen (FCS) dated 7/28/15 recorded #187: required physical assistance with bathing, dressing, toileting, medication and treatment management; supervision with eating; independent with transfer and mobility; with impaired short term memory, memory recall, and decision making . Current or recent problems identified as impaired decision making and impaired Hearing. The FCS failed to identify wandering a current or recent problem</p> <p>The 9/02/15 FCS identified #187 now independent eating.</p> <p>The admission negotiated service agreement</p>	S3155		

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S3155	<p>Continued From page 25</p> <p>(NSA) /health care service plan (HCS) dated 7/28/14 (correct year 2015) documented: Facility staff to manage and administer medications; staff attention to provide verbal prompts, cues and reminders to continue to eat, verbal prompts and physical assistance by staff with dressing and grooming, showering... has indwelling Foley catheter that staff will assist with cleaning and emptying... usually continent of bowel... requires staff assistance with peri care afterwards... independent going to and from dining room and activities... independent with transfers and ambulation, "Resident wanders and requires redirection... direct to appropriate wandering space... consider if Resident may be hungry, thirsty, in need of bathroom... experiences sleep/wake disturbances and requires frequent redirection through the night... encourage repetitive manual activities (tearing coupons from newspaper), use validation... redirect away from exits... be alert to pattern and reason form exit attempts... be alert to and reduce stress triggers as much as possible... exhaust all non-pharmacological interventions before administering PRN (as needed) medications...</p> <p>The NSA/HCS dated 9/02/15 documented no changes in services.</p> <p>Resident Log Notes: 7/29/15 and 7/30/15 - wandering and exit seeking 8/03/15 - 1840 - attempted exit at front door... pushing on door... got arm caught between door and door frame of another Resident's room as #187 attempted to gain unwelcome entrance..</p> <p>8/06/15 - 9:30 - alarm sounded... nurse surveyed outside, no one found... staff completed head count... nurse outside again... "Resident on</p>	S3155		

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S3155	<p>Continued From page 26</p> <p>property north side of building ambulating"... in good spirits... easily redirected...</p> <p>The admission NSA/HCS lacked revision to include interventions to address risk for elopement.</p> <p>Resident Log Notes: 8/07/15 - wanders aimlessly, seeking exit, opening exit door... 8/10/15 - 2000 - exit seeking... in other Resident rooms... trying to follow guests out... 2230 - trying to exit B hall... 3 scratches to left cheek, skin on Right elbow scraped... 8/18/15 - wandering aimlessly... 8/20/15 - bruising right temple corner of eye... 9/12/15 - 1000 - came to office skin tear arm, don't know how he/she got it... 9/12/15 - 3 to 11 shift - found outside sitting on top of fence attempting to crawl over...</p> <p>The NSA/HCS lacked revision to include interventions to address continued risk for elopement</p> <p>9/14/15 - exit seeking 9/16/15 - 1400 - swelling to forehead... "while opening door"... 2200 continues to wander facility 9/22/15 - skin tear... 11/04/15 at 2 17 p.m. " this nurse alerted that resident walked through the front door and onto the circle drive sidewalk. Associate was able to redirect back into community. . assigned associate recalls seeing resident in front lobby just prior, will continue to monitor this shift "</p> <p>The NSA/HCS continued to lack interventions to address wandering and exit seeking behavior</p> <p>Observation of #187 on 11/09/15 at 4:05pm in the</p>	S3155		

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S3155	<p>Continued From page 27</p> <p>front main sitting area of facility near front door, revealed independently ambulatory Resident... asking "how to get upstairs... looking for something to eat... after being pointed to dining room area, he/she went to front door and checked door... then to D hall, then back to ask how to get upstairs again... when asked, "How long have you lived here?"... #187 stated "I built this place about two years ago... I'm getting along alright... just hungry... thought spouse would bring me something to eat..." #187 not oriented to time or place, but very alert and mobile.</p> <p>By observation on 11/10/15 at 9:30am, in the front main sitting area of facility near front door, #187 up and about... to front door, tries door, then walks off again...</p> <p>On 11/16/15 at 12:50pm ED #I stated we identify individuals with elopement risk to staff verbally during "Stand up" staff meetings in the morning and in the afternoon... also in "Collaborative Care Meetings Biweekly... also have a binder with all care plans on each hall... we also have assignment sheets... #187 came to us from a Geropsychiatric hospital setting after #187 eloped at the nursing home he/she lived in... but all our Residents are considered potential elopements..."</p> <p>Review of record revealed #172 admitted to facility 4/24/15 with diagnoses of Dementia, Impaired cognition, Hypertension, Gall stones, Gait impairment with falls, and History of urinary tract infection.</p> <p>FCS of 6/10/15 assessed #172 in need of physical assistance with Bathing, Medication and treatment management; in need of supervision</p>	S3155		

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S3155	<p>Continued From page 28</p> <p>with Dressing and toileting; independent with Eating, Transfers, and Mobility; with Bladder incontinence; and with Short term memory, memory recall, and decision making impairments; understandable and understands Communication; with Impaired decision making; and with wandering.</p> <p>The NSA/HSC of 6/10/15 documented facility staff to manage and administer medications, provide verbal prompts for dressing and grooming; provide set up and verbal prompts for bathing; use of the Facility Falls management Program of three core elements and additional personalization included... Resident is not always oriented to place and time... staff will anticipate needs and provide prompting, cuing, redirection throughout the day. The NSA/HCS lacked wandering or interventions to address that tendency in accordance with the FCS.</p> <p>Resident Progress Notes: 11/04/15 at 1540 " this nurse alerted that resident was in front of community in circle drive unaccompanied. This writer and associated able to redirect back in community after five minutes. Resident very upset and looking for her dog and the bus. Resident displays increased agitation and anxiety at this time and will continue to monitor this shift.</p> <p>11/4/15 at 2200 " Resident continues to sit by front door all shift. Refused to go to room or anywhere else in community. Any time a visitor came resident was at door trying to open. Resident tries to move staff or visitors out of the way to exit and at times resident began to yell at staff stating we are holding her captive. . . will continue to monitor.</p>	S3155		

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S3155	Continued From page 29 The NSA/HCS lacked interventions to address wandering, exit seeking and behaviors. By confidential interview on 11/17/15 at 4:08pm, a staff member #U stated #172 is independent with ADL's (activities of daily living)... we remind him/her to do ADL's. When asked about plan changes since elopement on 11/04/15, #U stated "I was not even aware of him/her leaving... we are doing nothing different that I am aware of." For one of three sampled (#187) and for one of ten focused reviews (#172), the Operator failed to ensure a licensed nurse provided or coordinated the provision of health care services to address wandering and risk for elopement of cognitively impaired Residents from the facility.	S3155		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual	S3248		

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S3248	<p>Continued From page 30</p> <p>does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(2) The census equaled 33 the sample included 3 residents. The facility identified 33 employees hired since the last visit, with five of these reviewed. Based on interviews and reviews of facility records, for 4 of 4 certified staff, (#B, #C, #D, #E) the operator failed to ensure the employee record contained supporting documentation for criminal background checks. Findings included: - Review of personnel records for certified staff #B (hire date 9/10/15), #C (hire date 10/19/15), #D (hire date 7/30/15) and #E (hire date 7/30/15) revealed no supporting documentation of criminal background checks. Interview with business office coordinator #M, at 1:50 p.m. on 11/10/15, he/she states he/she is responsible for doing criminal background checks for staff at hire. Review of the website https://www.kansas.gov/kdads-criminalhistory/index.do <http://www.kansas.gov/kdads-criminalhistory/index.do> with employee #M, revealed no record of application for criminal background checks for the 4 employees.</p> <p>For certified staff #B, #C, #D, and #E the operator failed to ensure the employee record contained supporting documentation for criminal</p>	S3248		

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S3248	Continued From page 31 background checks.	S3248		
S3261 SS=E	<p>26-41-105 (f) (11) Resident Record Documentation of Incidents</p> <p>(f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11)</p> <p>The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. For one of three sampled Residents (#185), and for two focused reviews completed (#179 and #172), the Operator failed to ensure each Resident record contained documentation of all incident, symptoms and other indications of illness or injury, including the date, time of occurrence, action taken, and results of the action.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of record revealed #185 admitted 7/17/15 with diagnoses of Diabetes, Dementia, Hypertension, Benign prostatic hypertrophy, and Chronic kidney disease. <p>The functional capacity screen of 9/02/15 assessed #185 independent with eating, in need of physical assistance with bathing, dressing,</p>	S3261		

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S3261	<p>Continued From page 32</p> <p>toileting; unable to perform medication and treatment management; with falls, impaired vision and decision making; with wandering, inappropriate behaviors, and impaired cognition.</p> <p>The negotiated service agreement of 9/02/15 documented staff to provide services to meet these identified needs.</p> <p>Resident Log Notes: 10/23/15 - 1800 - Healing abrasions noted on Resident forehead... unknown origin...</p> <p>By review, facility investigation referenced an unwitnessed fall on 10/19/15. The medical record lacked documentation describing a fall or incident on 10/19/15, or documentation of an assessment at the time of the incident or as follow-up since the incident. The medical record lacked documentation of the date and time of the indicated fall/injury, actions taken at the time of the fall/injury, and results of the actions taken.</p> <p>By interview on 11/09/15 at 12:00pm, Health and Wellness Director #G stated I have been on duty here since 11/02/15... #G not at facility when these events occurred.</p> <p>On 11/09/15 at 1:55pm Executive Director #I stated we had several communication issues with our previous Health and Wellness Director #K... I have been trying to put the pieces back together again...</p> <p>The Operator failed to ensure #185's record contained documentation of all incidents, the date, time of occurrence, action taken, and results of the action.</p>	S3261		

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S3261	<p>Continued From page 33</p> <p>- Review of record revealed #179 admitted to facility 12/08/14 with diagnoses of Congestive heart failure, Dementia, Chronic renal failure, Hypertension, Coronary artery disease, Depression, Edema, and Gastroesophageal reflux disease.</p> <p>The most recent functional capacity screen (FCS) of 01/07/15 assessed #179 in need of physical assistance with dressing, bathing, toileting; in need of supervision with transfers and mobility; independent with eating; unable to perform medication and treatment management; impaired short and long term memory, impaired memory recall and impaired decision making; with impaired hearing and with wandering.</p> <p>The most recent negotiated service agreement (NSA) of 01/07/15 lacked a signature of a licensed nurse or a facility representative. This NSA documented facility staff to provide services to meet the identified needs of Resident. NSA documented staff to manage all medications and treatments, and to supervise all transfers and mobility.</p> <p>Resident Log Notes 9/11/15 - 2200 - ...out of wheelchair onto floor... once in bed Resident slid self to floor... assisted back to bed...skin tear on right wrist area... first aid to skin tear and Hospice staff notified... The medical record lacked documentation of family notification.</p> <p>9/11/15 - Fax Physician phone order - "Cleanse open area to right gluteal fold with wound cleanser, pat dry, apply skin prep and cover with duoderm; change every 3 days and as needed." The medical record lacked documentation of date and time of occurrence, lacked documentation of</p>	S3261		

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S3261	<p>Continued From page 34</p> <p>an assessment of the area... the record lacked documentation of family notification, action taken, and results of the actions taken.</p> <p>Resident Log Notes 9/13/15 - 1105 - Resident visiting with family member and screaming about feet burning... pain medication administered, foot massage and lotion, no change in discomfort. The next entry of Resident Log Notes on 9/17/15: 9/17/15 - 3:14 - New order via Hospice Ativan TID (three times daily) The medical record lacked documentation of signs and symptoms leading to the new medication order, lacked times and dates of symptoms and interventions used to address behaviors. The medical record lacked documentation of actions taken and results or assessment of results of the actions taken. The medical record lacked documentation of family or Resident representative notification.</p> <p>By interview on 11/09/15 at 12:00pm, Health and Wellness Director #G stated I have been on duty here since 11/02/15... #G not at facility when these events occurred.</p> <p>The Operator failed to ensure #179's record contained documentation of all incidents, the date, time of occurrence, action taken, and results of the action.</p> <p>- Review of record revealed #172 admitted to facility 4/24/15 with diagnoses that included Dementia, Impaired cognition, and Gait impairment with falls.</p> <p>The current FCS dated 6/10/15 assessed #172 in need of physical assistance with bathing,</p>	S3261		

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S3261	<p>Continued From page 35</p> <p>medication and treatment management; supervision with dressing and toileting; independent with eating, transfers, and mobility and with impaired short term memory, memory recall, and decision making. Current or recent problems identified as impaired decision making and wandering.</p> <p>The current NSA/HCS dated 6/10/15 documented facility staff to manage and administer medications, provide verbal prompts for dressing and grooming; provide set up and verbal prompts for bathing; and resident is not always oriented to place and time... staff will anticipate needs and provide prompting, cuing, redirection throughout the day. The NSA/HCS lacked interventions to address wandering.</p> <p>Resident Progress Notes: 11/04/15 at 3:40 p.m. (regarding elopement at 3:20 p.m.) by licensed nurse #G "this nurse alerted that resident was in front of community in circle drive unaccompanied... redirected back into facility... Resident very upset and looking for dog and the bus... displayed increased agitation and anxiety at this time... will continue to monitor this shift...</p> <p>11/4/15 at 2200 by licensed nurse #A "Resident continues to sit by front door all shift... refused to go to room or anywhere else in community... any time a visitor came resident was at door trying to open. Resident tries to move staff or visitors out of the way to exit and at times resident began to yell at staff stating we are holding him/her captive. . . will continue to monitor.</p> <p>11/05/15 - 12:50pm - no exit seeking behavior at this time... participated in activities...</p> <p>11/06/15 - 1430 - alert to self... non exit seeking</p>	S3261		

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S3261	<p>Continued From page 36</p> <p>behavior... walking around community... re-directable 11/13/15 - 0945 - physician notified of urinalysis results... 11/16/15 - 1600 - nurse practitioner visited... new orders received. family notified... Orders included: Currently on Aricept 10mg (milligrams) every day (Alzheimer's medication) Currently on Namenda XR28 mg every day (Alzheimer's medication) Add Trazadone 25mg every HS (Depression and Anxiety medication) Add Seroquel 12.5mg (Schizophrenia, Bipolar disorder, Depression) every day for 3 days then may increase to twice daily and every 6 hours as needed for agitation, hold for excess sedation, continue supportive care and , redirection Add Melatonin 3mg (sleep hormone) every bed time Continue to monitor 11/06/15 to 11/16/15 medical record documentation lacked date and times of behaviors, confusion... agitation... documentation lacked repetitive wandering or exit seeking since 11/04/15. Medical record lacked documentation of licensed nurse assessments of Resident's status... lacked actions or interventions taken by staff, and the results of those actions.</p> <p>On 11/17/15 at 11:05am Licensed Nurse #ZZ stated any behaviors or combativeness would be charted in the Resident Log Notes... no other place for that stuff to be charted...last week was a little agitated and exit seeking... don't remember what day... got the information from report sheets...</p> <p>The Operator failed to ensure #172's record contained documentation of all incidents,</p>	S3261		

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S3261	Continued From page 37 symptoms of illness, the date, time of occurrence, action taken, and results of the action.	S3261		
S3265 SS=F	26-41-104 (a) Disaster and Emergency Preparedness (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(a) The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. The facility identified all Residents with impaired cognitive status. Based on observations, interviews, reviews of records, for all Residents and employees, the Operator failed to ensure the provision of a sufficient number of staff members to evacuate Residents to a secure location in an emergency or disaster. Findings included: The facility self-identified as a memory care provider. The Resident roster documented all Residents with cognitive impairment. The Resident roster documented nine Residents in need of two person transfers. Entrance tour 11/09/15 beginning at 12:35pm revealed general living areas for dining, activities,	S3265		

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S3265	<p>Continued From page 38</p> <p>and relaxation in the central hub of building. Four halls or pods extended from this central hub, forming four separate units. The four units consisted of nine Resident rooms, laundry and bathing areas, storage areas, and desk areas with outside exits. Each unit exit and the main front door exit equipped with magnetic key pad locks, designed to release if the fire alarm sounded.</p> <p>On 11/09/15 the Executive Director #I identified the following intended staffing pattern: Day Shift - one LPN (licensed practical nurse), one CMA (certified medication aide), four CNA's (certified nurse aides) Evening Shift - one LPN, 4 CNA's Night Shift - two CNA/CMA's</p> <p>Surveyors determined in the event of a disaster or emergency evacuation, two staff on duty would be extremely challenged to move eight two person transfer Residents to safety, and simultaneously guide/coax/assist 25 additional cognitively impaired Residents to safety. If the disaster or emergency event was a fire, all five doors would also be released, allowing cognitively impaired Residents to exit without monitoring for safety once outside the building.</p> <p>By review, routine Fire Drill Reports recorded completion of drills with three to ten employees. In three instances, two staff recorded as participating, with no Resident participation.</p> <p>On 11/17/15 at 5:30pm, Executive Director #I and Health and Wellness Director #G stated not aware that facility had never carried out a trial drill of evacuation with only two persons completing the evacuation... confirmed all doors would also release in the event of a fire, increasing the need</p>	S3265		

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S3265	Continued From page 39 for additional staff to monitor the whereabouts of all Residents. Executive Director #I stated although not in the Disaster Manual, the South half of the building evacuates out the front door (nearest the street) and the North half evacuates onto the North fenced in patio... #I and #G confirmed process could use some review and evaluation for the potential issues with only two staff in the building. On 11/17/15 at 6:30pm, Executive Director #I stated I confirmed with Maintenance Technician #H, we have not done a full evacuation with staff overnight (with two staff completing the drill). For all Residents and employees of facility, the Operator failed to ensure the provision of a sufficient number of staff members to evacuate Residents to a secure location in an emergency or disaster.	S3265		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a	S3280		

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S3280	<p>Continued From page 40</p> <p>secure location.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)</p> <p>The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. The facility identified 33 employees hired since the last Resurvey. The facility identified all Residents with impaired cognitive status. Based on interviews and reviews of records, for all Residents and employees, the Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with Residents.</p> <p>Findings included:</p> <p>The facility self-identified as a memory care provider. The Resident roster documented all Residents with cognitive impairment. The Resident roster documented nine Residents in need of two person transfers.</p> <p>On 11/09/15 at 4:50pm, Maintenance Technician #H provided copies of Fire Drill Reports: 11/26/14, 12/23/14, 01/30/15, 02/27/15, 4/29/15, 5/27/15, 6/29/15, 7/31/15, 8/27/15, 9/30/15, 10/29/15.</p> <p>By review, these reports all titled "Fire Drill Report". The Reports contained the signatures of two to fourteen staff, listed a location (B-hall, A-hall, Kitchen, Game Room), and listed "Satisfactory" or "Improvement Needed" for time,</p>	S3280		

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S3280	Continued From page 41 proper exits, Resident cooperation, and equipment location. All reports failed to identify Residents who participated. By interview on 11/09/15 at 4:50pm, Maintenance Technician #H stated we have a computerized system to log drills and checks that we do... can only put on topic in the computer... then they go through it all... the whole disaster book at each of these dates... in Memory Care the ones who can understand some of what we are talking about, like tornadoes, we have them participate, but Memory Care most don't know what we are doing. On 11/09/15 at 5:20pm, District Director of Clinical Services #F asked if facility needed to complete each topic in the disaster book annually... just want to understand what's required. Discussed with #F the regulatory requirement to demonstrate review of each topic in the disaster manual at least quarterly. The Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with Residents and employees.	S3280		
S3290 SS=E	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident 's negotiated service agreement. If the administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary	S3290		

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S3290	<p>Continued From page 42</p> <p>services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations.</p> <p>(b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee.</p> <p>(1) A dietetic services supervisor or licensed dietitian shall provide scheduled on-site supervision in each facility with 11 or more residents.</p> <p>(2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-206(a)(b)</p> <p>The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. The facility identified all Resident with meal service. Based on observation, interview, and review of record, for one of one sampled with Liberalized Renal Diet, Texture Modified (#185), for one of one focused with a pureed diet (#174), for five with an NAS (no added salt) diet, and for 23 with Regular diet, the Operator failed to ensure the diets prepared according to instructions from a medical care provider or licensed dietitian.</p> <p>Findings included:</p>	S3290		

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S3290	<p>Continued From page 43</p> <p>- Review of record revealed #185 admitted 7/17/15 with diagnoses of Diabetes, Dementia, Hypertension, Benign prostatic hypertrophy, and Chronic kidney disease.</p> <p>The current functional capacity screen (FCS) 9/02/15 assessed #185 independent with eating, in need of physical assistance with bathing, dressing, toileting; unable to perform medication and treatment management; with falls, impaired vision and decision making; with wandering, inappropriate behaviors, and impaired cognition.</p> <p>The current negotiated service agreement (NSA) lacked a diet order... included "cut up food in kitchen... Regular meal portion, No known food allergies, able to eat independently."</p> <p>The medical record contained a 10/27/15 physician's phone order: "Liberalized Renal Diet Mechanical Soft."</p> <p>By observation, on 11/09/15 at 5:15pm, dietary staff served #185: Tuna salad Ambrosia salad Broccoli salad Potato soup Chocolate diabetic ice cream</p> <p>By observation on 11/17/15 at 10:35am, #185 eating corn flakes, milk, whole strawberries, and whole grapes (grapes are on foods to avoid for texture modified diet).</p> <p>By interview on 11/09/15 at 5:40pm, Cook #V confirmed the above menu items served to #185... reported ambrosia prepared with fruit, marshmallows, mayonnaise, and brown sugar;</p>	S3290		

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S3290	<p>Continued From page 44</p> <p>provided recipes for soup, tuna salad, and broccoli salad... confirmed items used in the preparation of these dishes (mayonnaise, relish, ice cream, potatoes, raisins, onions, broccoli) on the "cannot have" list... stated the potato soup had a few potatoes and mostly milk and water... #V stated I was not aware of all this stuff, I learned a lot."</p> <p>Review of "#185 Food List - Items Cannot Have" posted on kitchen wall, included (for the Liberalized Renal Diet): "potatoes of any kind, pickle relish (tuna salad), mayo (tuna salad, ambrosia, broccoli salad), ice cream, and chocolate.</p> <p>Review of the facility Dietary Manual, signed by Registered Dietician #X, confirmed these items not to be served to person on a Liberalized Renal Diet.</p> <p>Review of the list of foods to avoid for "Texture Modified diet, also in the signed Dietary Manual, included: "Bacon (crisp bacon used in broccoli salad), all raw vegetables except shredded lettuce (broccoli and raw onion used in salad), and Raisins (also used in salad); grapes.</p> <p>By interview on 11/17/15 at 4:23pm, RD Consultant #X stated diet orders continue to be part of the issue... communication issue... did clarify and correct the Renal diet order on my last visit...</p> <p>The Operator failed to ensure the diet for #185 prepared according to instructions from a medical care provider or licensed dietitian.</p> <p>- On 11/09/15 at 5:55pm in the dining room, #180 asked for salt. Certified staff #B responded "we are out." Observed no salt and pepper shakers</p>	S3290		

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S3290	<p>Continued From page 45</p> <p>on any of the dining room tables. At this time two Residents complained the "soup had no seasoning," and a Resident described the potato soup as "wall paper paste."</p> <p>On 11/10/15 at 1:17pm, when asked, "Why no salt and pepper on the tables?", Dining Service Coordinator #J stated there is no salt in the building... we are a "No Salt Facility." #J presented a container of salt substitute marked 'No Salt' and stated "this is what we use."</p> <p>On 11/17/15 at 11:43am, when asked if he/she knew what a "No Salt Facility" was, Health and Wellness Director #G stated "I assume a 'No Salt Facility' is a facility that does not use salt... that is my educated guess."</p> <p>By review of facility Dietary notebook which contained Resident diet orders, facility served 24 "Regular" diets, one "Low Fat Low Cholesterol" diet, two "Pureed" diets, five "NAS - No Added Salt" diets, and one "Liberalized Renal Diet." The Brookdale Diet Manual included written directions for each of these diets, signed by Registered Dietician (RD) Consultant #X and Corporate RD #W. Directions for all diets listed above, except the Liberalized Renal Diet, instructed no restriction of salt for cooking. The NAS diets instructed the use of salt in menu preparation, with no salt added at the table.</p> <p>By interview on 11/17/15 at 4:23pm, RD Consultant #X stated in response to "Why no salt use?"... to my understanding that is a Brookdale Corporate decision... many Assisted Livings have made decision to not use salt... that is something I have no control over... I am not aware if there is any policy that addresses that... or if the admission agreement addresses that... the</p>	S3290		

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S3290	Continued From page 46 regular Corporate Trainer does all the orientation and inservice training on the menu... directions all come from Corporate... I visit once a quarter and predominately take care of clinical issues and sanitation. By review, the facility Residency Agreement lacked information regarding the salt restriction throughout facility. On 11/17/15 at 5:35pm, Executive Director #I and HWD #G confirmed no facility policy or procedure for an overall salt restriction... #I stated I know we purchased salt and pepper shakers awhile back. By observation on 11/17/15 at 5:35pm, salt and pepper containers located in dining room cupboard... all had been dumped out but contained traces of salt and pepper residue. By email on 11/17/15 at 6:01pm, Regional Director #Y reported "statement from Dietician that we don't use salt is not correct... don't leave salt on the table because minimal stuff on tables"... we do a food preference list upon move in to determine if they like food bland, spicy, etc. The Operator failed to ensure the diets for all Residents with no salt restriction, prepared according to instructions from a medical care provider or licensed dietitian.	S3290		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.	S3320		

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S3320	<p>Continued From page 47</p> <p>(b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.</p> <p>(c) New construction, modifications and equipment shall conform to the following codes and standards:</p> <p>(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and</p> <p>(2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 28-39-254</p> <p>The census included 33 current Residents, two closed Records reviewed. Three Residents were sampled and focused reviews completed for ten Residents. Based on observations and interviews, for two of three sampled Resident rooms (#187 and #189), for all general living areas and four halls of facility, the Operator failed to ensure the facility maintained to protect the health and safety of residents, personnel and the public.</p> <p>Findings included:</p> <p>- By observations on 11/10/15 beginning at 10:09am, noted the following:</p>	S3320		

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S3320	<p>Continued From page 48</p> <p>1) In Resident #189's room, carpet/baseboard area of wall to right side of bed filthy and in need of cleaning... accumulation of lint, dust, hair, pieces of paper, pen cap, etc. Baseboards of entire room and window sills with accumulated dust and lint... blinds on window with thick layer of accumulated dust and lint, and dresser top with accumulation of dust around personal belongings.</p> <p>2) Wall in hallway near door/entrance of room C8, from hand rail down to base board, with previously "dripping" now dried tan residue. All base boards of hallway C with accumulation of dust and lint.</p> <p>3) Dining area base boards with accumulation of dust and lint... carpet entrance with dried in food stains.</p> <p>4) Hall areas of Medication room, Beauty Shop, and water fountains also with dust and lint accumulations... water fountains dirty with dried mineral build up and dried food pieces on drain.</p> <p>5) Cloth chairs in Country Kitchen soiled and stained, sink with food blocking drain, dust and lint accumulations on base boards, washer, dryer; refrigerator handles soiled, popcorn machine with old grease and kernels stuck to glass and metal.</p> <p>6) Public bathroom with brown "drips" of dried residue on wall across room from toilet.</p> <p>7) Front lobby window shades, window sills, base boards all with accumulation of dust and lint; variety of dusty papers, cob webs, plant leaves, wadded napkin behind piano.</p> <p>8) Hall D and B with same visible need of dusting and cleaning for carpet edges and base boards.</p>	S3320		

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S3320	<p>Continued From page 49</p> <p>9) Sunroom window shades with large patches of brown dried staining, shade hanging down from support bracket, cloth chairs with some soiling.</p> <p>10) TV game room with cover missing from end of wall heater unit; one broken window blind, all in need of dusting and cleaning.</p> <p>11) Library chairs soiled and stained, floor in need of vacuuming.</p> <p>12) Kitchen door knob and surrounding area grimy, discolored, and soiled.</p> <p>13) In Resident #187's room, windows, top of window frames, window sills all with accumulation of dust and lint, in need of cleaning; floor base board missing from two section in open closet - a four inch piece from left side and a 24 inch piece from the right side.</p> <p>On 11/10/15 at 10:39 Housekeeping staff #Z described cleaning routines of Resident rooms, bathrooms, and general living areas... clean Resident rooms one time weekly and common areas three times weekly... have not been here long.</p> <p>On 11/10/15 at 5:00pm completed brief tour of above listed areas with Executive Director #I and Health and Wellness Director #G... confirmed the areas in need of maintenance/cleaning.</p> <p>The Operator failed to ensure the facility maintained to protect the health and safety of residents, personnel and the public.</p>	S3320		